

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-475)**

SERIAL NO.  
**10/55634**  
APPENDANT

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23	/						73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32	/						82						
33		/					83						
34		/					84						
35	/						85						
36	/						86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	33	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLASSES	45						TOTAL CLASSES						